DOCUMENT RESUME

ED 251 198 PS 014 732

AUTHOR	Fiene, Richard J.; Nixon, Mark G.
TITLE	An Instrument-Based Program Monitoring System: A New Tool for Day Care Monitoring. Volume 1: Guide for Policymakers.
INSTITUTION	Children's Services Monitoring Transfer Consortium.
SPONS AGENCY	Office of Human Development Services (DHHS), Washington, D.C.
PUB DATE	Aug 81
GRANT	HHS/HDS-90-PD-10005
NOTE	17p.; For volume 2, see PS 014 733. For other related documents, see PS 014 728 and PS 014 731.
PUB TYPE	Guides - Non-Classroom Use (055) -- Reports - Descriptive (141)
EDRS PRICE	MF01/PC01 Plus Postage.
DESCRIPTORS	*Day Care; Early Childhood Education; *Educational Assessment; Guidelines; Instrumentation; *Program Descriptions; *Program Effectiveness; State Programs; Statewide Planning; *Systems Approach
IDENTIFIERS	*Child Development Program Evaluation; *Instrument Based Program Monitoring; Pennsylvania; Program Monitoring

ABSTRACT

This guide defines a methodology for program monitoring and discusses positive results achieved in Pennsylvania by implementing Instrument-based Program Monitoring (IPM) in the field of child day care services. IPM uses checklists or special questionnaires to structure monitoring interviews and site visits. This method differs substantially from the more common approach to monitoring: narrative site visit reports. An introduction on the nature and purpose of the guide is followed by three substantive sections, beginning in section II with a discussion on how IPM improves day care monitoring. Specific comments under this heading include descriptions of how IPM is performed, objectives and characteristics of the IPM approach, and positive outcomes of using IPM in Pennsylvania. Section III examines the effectiveness of Pennsylvania's day care monitoring system, known as the Child Development Program Evaluation (CDPE). Particular comments are directed toward general characteristics of the CDPE system; CDPE system components; types and level of information generated (including provider, regional, and statewide information); and the implementation process. Concluding material in section IV provides guidelines for determining a state's need for an IPM system. Five steps in conducting an adequate assessment are described, and necessary elements of an effective implementation plan are briefly outlined. (RH)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

X This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

ED251198

An Instrument-Based Program Monitoring System:

A New Tool for Day Care Monitoring

Volume 1-Guide For Policymakers

Richard J. Fiene
Mark G. Nixon

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

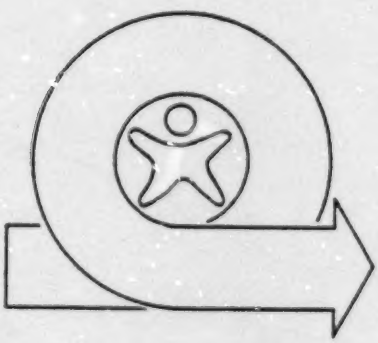
Richard Fiene

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

PS 014732

CHILDREN'S SERVICES MONITORING TRANSFER CONSORTIUM

August 1981



This document was developed under HHS/HDS Grant No. 90-PD-10005 funded by the Office of Human Development Services, DHHS

CONTENTS

I. INTRODUCTION

PURPOSE OF THE GUIDE 1

FOR WHOM IS THE GUIDE INTENDED? 1

WHAT IS AN INSTRUMENT-BASED PROGRAM MONITORING SYSTEM? 1

OVERVIEW OF THE GUIDE 2

II. HOW DO INSTRUMENT-BASED SYSTEMS IMPROVE DAY CARE MONITORING?

HOW IS INSTRUMENT-BASED MONITORING PERFORMED? 3

OBJECTIVES AND CHARACTERISTICS OF THE IPM APPROACH 3

DESIRABLE RESULTS FROM USING IPM: PENNSYLVANIA'S EXPERIENCE 4

III. HOW WELL HAS PENNSYLVANIA'S SYSTEM PERFORMED?

OVERVIEW OF PENNSYLVANIA'S DAY CARE MONITORING SYSTEM 7

COMPONENTS OF THE CHILD DEVELOPMENT PROGRAM EVALUATION SYSTEM 8

TYPES AND LEVEL OF INFORMATION GENERATED 8

THE IMPLEMENTATION PROCESS IN PENNSYLVANIA 9

IV. HOW CAN I EVALUATE MY STATE'S NEED FOR AN IPM SYSTEM?

ACKNOWLEDGEMENTS

The Children's Services Monitoring Transfer Consortium would like to thank Mr. Warren Master, of the Administration for Children, Youth, and Families; and Dr. David W. Fairweather and Ms. Madeline Dowling of the Department of Health and Human Services, Office of Policy Development for their active support of states' efforts to share information and resources in developing more effective management of children's services.

Thanks are also due to Mr. Earl Douglas and Ms. Dorothy Springer of the Office of Children and Youth, Pennsylvania Department of Public Welfare, for their collaboration in the development of this volume. Dr. Robert Elkin and Ms. Gail Hunt of Peat, Marwick, Mitchell & Co. provided invaluable comments and suggestions on earlier drafts of the Guide.

Principal state representatives to the Children's Services Monitoring Transfer Consortium:

CALIFORNIA
Ms. Janet Poole
California Department of Education
(916) 323-1376

MICHIGAN
Mr. Harold Gazan
Michigan Department of Social Services
(517) 373-6614

PENNSYLVANIA
Dr. Richard Fiene
Pennsylvania Department of Public Welfare
(717) 787-2724

TEXAS
Mr. David Beard
Texas Department of Human Resources
(512) 441-3355

WEST VIRGINIA
Ms. Kay Tilton
West Virginia Department of Welfare
(304) 348-7980

I. INTRODUCTION

Purpose of the Guide

Instrument-based program monitoring (IPM) is an innovative approach to state management of human services. The advantages of the approach are particularly relevant as states reassess their role in day care and other services in the current volatile fiscal environment. These advantages include:

- cost savings to states in financing services;
- better state allocation of resources;
- improved information for policy decisions;and
- enhanced quality of programs.

This Guide defines a methodology for monitoring that uses an instrument to collect data and discusses positive results that Pennsylvania has achieved by implementing IPM in the field of child day care services. Although IPM has been developed and applied in day care, there is great potential for extending IPM to other human services.

The Guide provides sufficient information for most states to decide whether it is worthwhile to explore the feasibility of adopting the IPM approach. It also presents practical considerations for implementing such an approach to monitoring.

For Whom Is the Guide Intended?

This Guide is the first of three volumes of the complete documentation of Pennsylvania's monitoring system that embodies the IPM approach. It provides an overview of the approach and highlights aspects that are important to state government officials responsible for top level policymaking in day care and other human services. These officials include: top executives in state human service organizations; legislators and legislative staff members who must formulate policy concerning the objectives and system-wide costs and benefits of human services programs; state budget staff; and managers with responsibility for designing information systems to support human services management.

What Is An Instrument-Based Program Monitoring System?

Instrument-based program monitoring systems incorporate three important characteristics:

- **Instrument-Based.** IPM utilizes checklists or special kinds of questionnaires to structure monitoring interviews and site visits. Highly specific questions incorporate pertinent state regulations in a simplified format that is easily completed and shows both providers and state agencies just how well the provider is complying with requirements. An integral feature of IPM is a system of assigning weights to the questions or items so that scores reflect the relative importance of the regulations. Pennsylvania's system, for example, includes assigning weights based on the degree of risk to children while they are in day care.

- **Program Monitoring.** In this Guide, monitoring is a broad term describing the management process of reviewing and controlling the delivery of program serices according to predetermined criteria, with the intention of taking corrective action to assure and increase program quality and management efficiency. As such, monitoring encompasses a continuum of management activities, from licensing, contract compliance reviews and program quality assessments to corrective actions, technical assistance, and training.

- **Systems Approach.** A system is a group of related and coordinated procedures that are used to accomplish a given task. In this instance, the task is to monitor day care providers according to state regulations. The Guide permits integration of data collected through monitoring with financial information and subsequent corrective action.

An IPM system differs substantially from the more common approach to monitoring: narrative site visit reports. Typically, narrative reports describe a site visit to each provider and summarize not only observations but also interpretive and evaluative comments about the monitor's findings. These reports are useful if the monitor is well trained and adept at reporting. Even the best monitor, however, has biases that are reflected in both the selection of topics covered in a report and the degree to which the topics are covered. Site visit reports are often difficult to summarize succinctly for policymakers and even more difficult to use in comparing different providers or describing the general trends in day care in the state. Further, they

often take longer to prepare than questionnaire summary reports, and they may be more difficult to use as evidence in court if legal action against a non-compliant provider is necessary.

Several states currently use instrument-based systems for licensing day care providers. In Pennsylvania, licensing standards include both requirements for protecting the health and safety of children and requirements designed to promote child development. Systems like Pennsylvania's include reviews of program quality and they provide a basis for states to make fundamental judgments about the relative child development benefits to be gained from particular levels of funding. Such judgments are increasingly important in today's world of declining resources, increased community demands for services, and a more litigious legal environment.

Overview of the Guide

The sections of this Guide follow the major questions that policymakers might raise about the value and applicability of IPM systems for their states:

- How do instrument-based systems improve day care monitoring?
- How well has Pennsylvania's IPM performed?
- How can I evaluate my state's need for an IPM system?

At the back of the Guide is a list of resources containing more detail about the conceptual foundations of the system for individuals who want to pursue these issues further.

The Guide includes a series of illustrations (see box below) showing how Pennsylvania's top administrators have made use of the reports generated by the state's IPM system to evaluate policy questions that are of central importance in the management of state human services programs.

SAMPLE INSTRUMENT FOR DAY CARE MONITORING

Portions of Pennsylvania's instrument for monitoring day care centers are reproduced below. The first excerpt pertains to health records and illustrates the sampling approach used in several parts of the instrument. The second excerpt contains questions on site safety.

CHILDREN'S HEALTH RECORDS

Instructions: Select 10 records to examine using the random selection procedure described in your manual. Check each record for the following items and record data as specified. Any of the site's records for the child may be used. Some information may be stored in records other than the child's record you are examining. If the record does not contain a piece of information you need, ask for it. Ask the program staff to orient you to the location of each item you will need to check in their records before you begin.

ITEM	CHILD #1		CHILD #2		CHILD #3		CHILD #4		CHILD #5	
Child's INITIALS (copy)										
BIRTHDATE (copy)										
ENROLLMENT DATE (copy)										
Is Child's Usual Source of HEALTH CARE Recorded? (circle code)	YES 1	NO 3	YES 1	NO 3	YES 1	NO 3	YES 1	NO 3	YES 1	NO 3
HEALTH INSURANCE COVERAGE INFORMATION (Write MA/DPA; private; no insurance; or no information)										
For th... Recent Healt...	...S	NO	...	NO	YES	NO	YES	NO	YES	NO

GENERAL INDOOR SITE OBSERVATION

	Yes	No	
Do all exits and exit routes bypass hazardous areas such as boiler rooms and kitchen cooking equipment?	1	3	
Are all exits and exit routes unobstructed?	1	3	
Do all exit doors swing in the direction of exit travel?	1	3	
Do all exit doors have only one locking or latching device which can be unlocked from the inside at all times?	1	3	
Do all hallways, stairways (including landings) permit passage of two adults walking side by side?	1	3	No Hallways 9

II. HOW DO INSTRUMENT-BASED SYSTEMS IMPROVE DAY CARE MONITORING?

How Is Instrument-Based Program Monitoring Performed?

Instrument-based program monitoring relies on the use of a detailed questionnaire or checklist based on explicit state regulations to determine how well a day care provider is meeting state requirements. When the assessment and questionnaire are completed, the results are scored using a common scoring manual for all providers of a given type (for example, day care centers), and coded for entry into an information system, either manual or automated. The results are used to determine whether the state needs to intervene in order to improve conditions at specific provider sites. The providers' scores on the questionnaires are also used to support state decisions concerning the granting and renewal of licenses and state funding. Aggregate, statewide scores can be used as a basis for broad policy decisions directed at improving the general quality of day care and setting state funding levels.

Objectives and Characteristics of the IPM Approach

IPM systems are more comprehensive, objective, and consistent than the narrative report approach. They are also easier to read and understand. They are ideally suited to achieve the following objectives of a day care monitoring system:

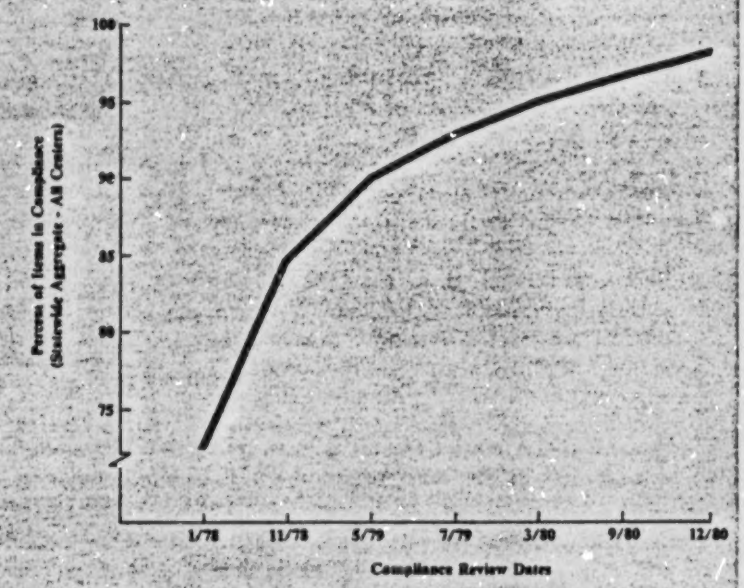
- **Ensure equitable, enforceable monitoring of day care to meet a desired level of child health and safety.** Most states have requirements concerning the health and safety of day care centers. It is essential that health and safety standards be clearly specified, clearly understood by providers, easily evaluated, and consistently enforced by the state.

- **Ensure that day care promotes child development.** Typically, a state is concerned that children who are served by publicly funded day care providers (or all providers in some states, such as Pennsylvania) receive positive experiences from their day care in terms of their individual growth and development.

CAN IPM SYSTEMS INCREASE THE EFFECTIVENESS OF STATE MONITORING EFFORTS?

The most basic question that state day care administrators must address is whether efforts to gain compliance with state requirements are producing desired results. Pennsylvania's IPM system has provided periodic, accessible information to demonstrate that the state has made substantial progress in improving compliance since the IPM system (called the Child Development Program Evaluation system in Pennsylvania) was introduced in 1978.

These results have created support for the IPM system at all levels of the state government and have been effective in persuading policymakers to maintain current day care monitoring efforts.



BEST COPY AVAILABLE

- **Provide for efficient and cost-effective funding and monitoring procedures.** States need to achieve the benefits of monitoring as efficiently as possible and at the minimum necessary cost.

- **Permit sound policy decision making.** States are concerned that their funds are spent in a way that ensures the best possible day care services. To address this concern, state policymakers need consistent, objective, quantifiable indicators of how many individuals are being served by day care and what funding levels are required to serve these individuals at different levels of program quality. Further, policymakers require an information base for deciding how policy should evolve in the future and for developing and maintaining appropriate legislation, regulations and policy guidelines.

Achieving these objectives requires timely, reliable, concise information about a state's day care program. An IPM system can provide this kind of information and has the following additional beneficial characteristics:

- **Quantitative and Objective.** Using a program monitoring instrument produces clear, specific, and objective information about programs. The use of highly structured questions and records of on-site observations minimizes ambiguous results and biased observations. Questionnaire items lend themselves to quantitative analyses and produce readily summarized and easily interpreted data that are of value to policymakers.

- **Easily Administered and Consistent.** The questionnaires can be administered by monitors with varying academic backgrounds who have been trained to gather information quickly and with a minimum of interference with the ongoing activities of the provider. While much of a questionnaire may deal with evaluative and programmatic information, responses from various providers and monitors are highly consistent.

- **Supportive of Providers.** Many providers welcome the use of such instruments because they know what specific areas are covered and they can structure their programs to meet state expectations. Involvement of providers in developing the questionnaire further ensures that the questions will be comprehensive without being burdensome. The use of questions that explicitly cover all regulations, and establish a uniform set of requirements, increases the providers' perception that the requirements are equitable, necessary, and desirable with respect to improving day care.

- **Focus on Results.** The design of the questionnaire reduces undesirable bias that may result from differences in temperament and child care philosophy between the provider and the state monitor. The IPM focus is entirely on the services provided and how they affect children.

- **Based on State-of-the-Art Child Development Research.** The questionnaire items can be designed to reflect current 'best practice' in day care. In this way, the questions may be used to encourage providers to experiment with and adopt successful approaches that have been shown to be effective in research in child development. IPM can be used to improve day care, and not just regulate it to ensure that minimum requirements are met.

- **Easy to Modify and Improve.** The questionnaire format with specific and unambiguous responses is easily adapted to changing developments in child care practices and state policy requirements. State requirements can be easily communicated to funded providers by incorporating new or revised questions on which assessments will be made. It is also easy to incorporate any federal requirements that may exist.

Desirable Results From Using IPM: Pennsylvania's Experience

The positive features of IPM that have been described above may have particularly beneficial results for a state, if Pennsylvania's experience is a guide. Since Pennsylvania's system was introduced in 1978, it has produced the following improvements:

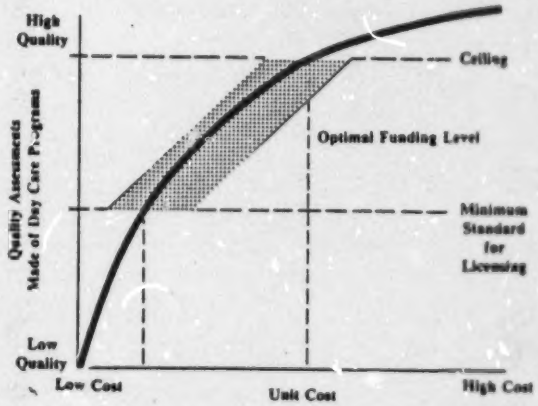
IS IT COST-EFFECTIVE FOR A STATE TO FUND HIGHER-COST DAY CARE CENTERS?

As state funds become more scarce, many top state policy makers must confront the potential trade-offs between the quality of day care services provided by state-funded providers and the costs associated with desirable quality levels. It is reasonable to expect that as quality improves provider costs will rise, but it is not clear that quality improves much beyond a certain cost level. Most states are unable to determine that cost level, however, and must often make decisions based on fiscal necessity or political lobbying.

Using its IPM system, Pennsylvania addressed the quality/cost question directly. Easily accessible data from the system permitted an analysis that showed quality increasing at a declining rate above a particular level of cost-per-hour of service provided. (See figure below.)

The state moved quickly to limit the unit level of cost at which it would reimburse providers. The move saved Pennsylvania nearly $5 million that was then reallocated to improve the day care programs of lower cost providers that met state standards.

QUALITY-COST CURVE



- **Cost Reductions.** By linking the results of their IPM to the state's information system, officials in Pennsylvania have been able to identify high-cost, publicly funded providers who offer services only marginally better in quality than those of lower-cost providers. The state was able to set a ceiling on day care funding that did not jeopardize program quality, and used the funds that were formerly given to high-cost providers to improve services of other providers on a targeted basis. The state saved approximately $5 million in day care funds while maintaining the quality of day care services, and it did so without major resistance from the provider groups.

- **Improved Program Performance.** Providers' scores on the monitoring questionnaire have improved over time as providers focus on meeting the state's clearly defined expectations. Because these expectations reflect both program quality and basic licensing standards, these improved scores indicate that the state-funded day care services have become markedly better in a short period.

- **Improved Regulatory Climate.** By involving providers in all stages of the development and improvement of the questionnaire, and by using the questionnaire to create clear expectations of providers, officials responsible for day care monitoring have reduced the tension and legal conflicts that often arise in regulated industries. Providers are satisfied that the questionnaires are fair and that they are administered consistently and without special treatment given to particular providers.

- **Improved Information for Policy and Financial Decisions.** By linking the results from the IPM system to information systems that provide financial and statistical information on day care, officials in Pennsylvania have been able to make financial decisions about cost ceilings without much of the conflict that usually accompanies such decisions. The state is also in a strong position to complete the implementation of unit costing and competitive procurement systems in a way that explicitly considers program quality. Ultimately, the information provided could be used to answer such basic policy questions as: "Does state-funded day care really enhance the development of children for whom it is provided?" In the meantime, policymakers are receiving concise, quantitative, useful, and timely information to support difficult decisions with respect to trade-offs among state services in a period of tight resources.

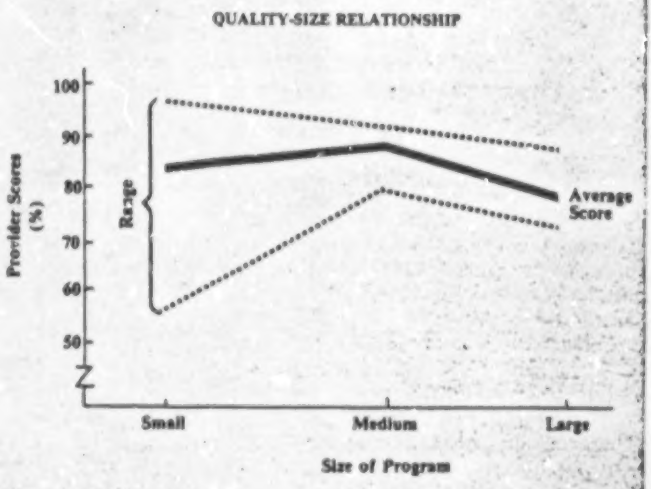
Having described the advantages of the IPM approach, it is useful to examine the features of a successful, currently operating system to get a more concrete idea of the costs and operating characteristics. In the next section, Pennsylvania's Child Development Program Evaluation System is described briefly as a working example of IPM systems.

DOES BIGGER MEAN BETTER?

Top Pennsylvania administrators were interested in determining whether the size of a day care center, measured in number of children served, was related to the quality of the center's program. Using its IPM system, the state discovered some interesting relationships. Average scores for large centers began to decrease after a point even though the variability in quality, as measured by the scores, was not as great in large as in small centers.

This finding of some decrease in the quality of service for large providers has been identified by several researchers in child care (Prescott, et.al., 1972). These other researchers have hypothesized that as centers become very large, the administrative complexity and sheer size create some strains on the day care staff. These strains are communicated to the children in the form of less personal attention and less conscious attention to details in compliance areas.

Pennsylvania administrators used the results shown here as the basis for shifting state-administered funds from larger to smaller centers.



BEST COPY AVAILABLE

III. HOW WELL HAS PENNSYLVANIA'S SYSTEM PERFORMED?

Overview of Pennsylvania's Day Care Monitoring System

The instrument-based program monitoring system developed by Pennsylvania is known as the Child Development Program Evaluation (CDPE). The system was implemented in day care centers in 1978 and has been used continuously since then as the principal basis for licensing all centers in the state.

Pennsylvania is one of a handful of states that requires both private and publicly funded day care centers to comply with a single set of state requirements in order to be licensed. The CDPE thus includes both items that are designed to ensure compliance with basic health and safety requirements (covered under licensing requirements in many states) and items that focus on program criteria (described under program development in many states).

The CDPE questionnaire measures compliance with state regulations in Pennsylvania. The regulations are very specific with regard to required practices and standards and are grouped into seven categories: administration, nutrition, social services, transportation, health, child development and environmental safety. The complete instrument, which consists of 279 items that are each clearly linked to a particular regulation, is administered annually to all day care centers. Each of the items on the CDPE is assigned a weight based on its importance in reducing risk to children. The questionnaires are precoded for easy scoring and entry into a computerized data processsing and information system, or for manual processing.

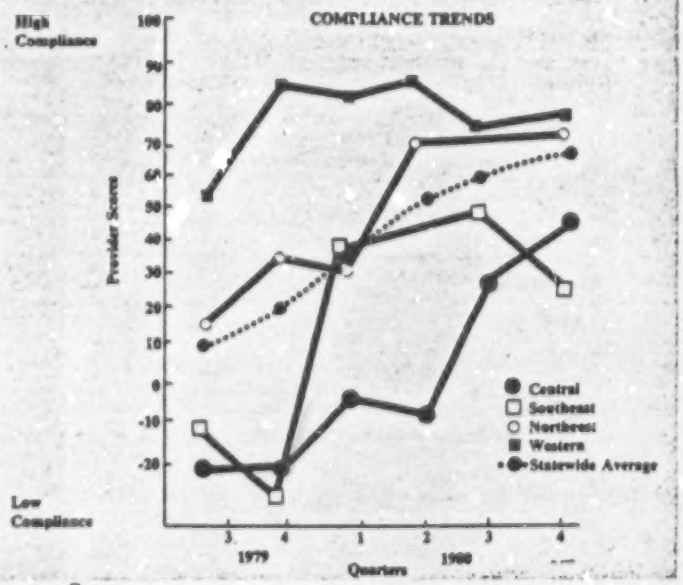
Recently, Pennsylvania has developed a shorter version of the CDPE, referred to as an indicator checklist, which includes selected items from the complete questionnaire and can be used to predict performance. The short form that is now being tested contains only 18 items. It is anticipated that the indicator checklist could be used on an alternating basis with the comprehensive instrument, that it would be a good predictor of program performance, and that it would reduce monitoring costs to the state. Pennsylvania's experience with developing the indicator checklist has indicated that similar methodologies can be applied to reduce the length of many different types of state licensing and monitoring questionnaires, while preserving the validity of the questionnaire's measures of compliance and program quality.

Pennsylvania is particularly advanced in having linked the CDPE system with the state's financial and statistical reporting systems. The beneficial effects of this linkage have already been described in terms of Pennsylvania's ability to make sensitive policy decisions and reduce costs based on accurate and timely information.

WHAT IS THE REGIONAL COMPLIANCE PICTURE?

An IPM can provide readily available, quantitative information for analyzing compliance trends for sections (e.g., regions) within a state. Using compliance scores from IPM system reports, Pennsylvania was able to demonstrate substantial improvements in the quality of care provided by day care centers. (See figure.)

Having regional scores grouped by component area (e.g., administration, environmental safety), the state was able to target training in health for day care center staff in the Southeast region and in both health and administration for providers in the Central region.



BEST COPY AVAILABLE

Components of the CDPE

The CDPE system has five basic components that are described in detail in Volume 2 of this series. The components are:

- Pennsylvania's day care regulations;
- The CDPE questionnaires (long and short versions);
- CDPE coding manual;
- Pennsylvania's system for assigning weights to specific CDPE items; and
- forms for reporting CDPE results.

These components are all essential features of the CDPE system. The items on the questionnaires are, in many cases, simply rephrased from particular regulations. The coding manual is used to score the CDPE responses from a day care center and to ensure consistency in the way the CDPE is administered. The weighting system is used to score the responses; weights reflect important policy considerations with regard to items on the CDPE, such as those pertaining to safety, that cannot be compromised and which are sufficient grounds for denying a day care license. The reporting forms drive the system and make monitoring possible by providing regular measures for program quality, health, and safety at both the provider and regional/state levels.

Types and Level of Information Generated

The CDPE system generates three levels of information:

- provider information;
- regional information; and
- statewide information.

Basically, the system produces information needed to make all of the monitoring decisions about a particular *provider*. Provider information includes scores for each of the seven categories of regulation covered by the CDPE and a composite score on the CDPE. It is possible to obtain historical trends for the performance of a particular provider and to perform analyses of the extent to which performance in one category (e.g., social services) is correlated to performance in others (e.g., child development).

The CDPE also generates summary information on category scores and composite scores by *region*. Comparisons among providers are possible

An IPM system facilitates the breakdown of compliance data by compliance area (e.g., health, safety, administrative practices) so that important areas for improvement can be targeted. Pennsylvania used its IPM system to determine which particular regulatory items in the area of environmental quality, safety, and sanitation were in need of attention by day care centers. IPM reports such as the one here were used by top administrators as a basis for selecting this key area to be monitored more intensively.

To reinforce more intensive monitoring, the state provided training for day care center staff. In its request for proposals from outside firms to conduct the training, Pennsylvania was able to use excerpts from the report illustrated here.

COMPLIANCE AREAS FOR FURTHER INVESTIGATION

REGULATORY COMPLIANCE OF DAY CARE CENTERS IN PENNSYLVANIA
AUGUST-NOVEMBER 1978
(Excerpt)

Topic Area	Questionnaire Item No.	Description	Percent of Agencies Meeting Requirements (N = 222)	Regulatory Authority: Pennsylvania Regulation Reference
Environmental Safety	ES-4-008	The temperature of the freezer(s) registered 0° F.	84%	DER 181.24
	ES-4-017	Food service staff members' description of the method used for handwashing dishes included these steps in proper sequence: 1. detergent wash 2. clear water rinsed 3. dipped in a sanitizing agent for the time specified on the bottle 4. room air dried	98%	DER 181.83
	ES-4-038	All opened packages of dry foods were stored in rodent and insect resistant metal or plastic containers.	98%	DER 181.21(a)
	ES-4-126	Rest equipment was labeled with user's name.	73%	2-8A-142
	ES-4-190	All windows and doors used for ventilation were securely screened against flying insects with material which provides at least 14 to 16 meshes/inch.	73%	2-8A-138
	ES-4-197	All room surfaces (including ceilings) were free of peeling paint or plaster, cracks and holes.	73%	2-8A-118 2-8A-122
	ES-4-219	Outdoor play equipment had no exposed hooks and/or links in which a child's finger could be caught.	80%	2-8A-138
	ES-4-226	Outdoor play areas had no places where stagnant water could or did accumulate.	64%	2-8A-184
	ES-4-227	Outdoor play areas had no broken glass and/or sharp protrusions.	73%	2-8A-184

both by type of provider (e.g., non-profit, for-profit) and by general statistics for the region (e.g., score ranges, average scores by category).

Statewide category scores and composite scores provide perspectives on whether providers are improving in general and on the effects of changes in regulations and policy. Relative improvements in monitoring efforts in various regions can be observed. When CDPE results are linked to financial and statistical information systems, an even broader range of policy questions can be addressed.

Each of these levels and types of information is readily available to the state staff who make use of the information. For example, monitors at the regional level may obtain rapid feedback on performance of particular providers. Regional managers have a basis for evaluating the performance of providers in their region as compared with those of other regions. Central office staff, state budget personnel, and legislators have convenient access to general state levels of performance as these change over time.

The Implementation Process in Pennsylvania

Use of the CDPE questionnaire began in 1978. The implementation process, however, is ongoing, with constant improvements being made in the basic system. Pennsylvania staff estimate that it took roughly 18 months to establish a functioning system. The total cost for developing Pennsylvania's system has been estimated at $400,000, including the development of data processing systems. This development cost could be substantially reduced for a state interested in transferring Pennsylvania's technology and methodology and adapting them to its own requirements.

Pennsylvania's cost of monitoring day care using the CDPE is estimated at $400,000 per year. This figure includes costs related to the state's entire system, such as staff, travel, data processing, report production, and maintenance of the CDPE in light of policy and regulation changes. These costs will vary substantially for another state, depending on the caseload size, the background and training of the monitoring staff, frequency of monitoring visits, size of the state, travel time to reach provider sites, and, of course, the number of providers in the state. Each of these cost areas requires important policy decisions that must be made by legislators and administrative decisions made by central-office day care managers.

These annual monitoring costs represent a saving compared to Pennsylvania's costs before the CDPE was introduced. Further improvements to the CDPE are likely to reduce these costs even more. For example, if the short version of an instrument like the CDPE is used, additional cost savings would occur.

In addition to the time and costs involved, two factors were especially critical in Pennsylvania's implementation process: the involvement of providers and the level of state commitment to implementation. From the very beginning of the project it was felt that development of the system required the involvement of providers and state, regional and central office program staff. The involvement of providers served both to enhance the quality of the items on the questionnaire and to minimize the suspicion and distrust that are often aroused when major administrative and regulatory changes are made. Continuous participation of providers in designing the questionnaire, assigning weights to items, and conducting field trials helped to ensure a high level of acceptance when the questionnaire was first used for licensing and funding purposes.

Pennsylvania's level of commitment to implementation was high, and the degree of commitment was a key element in the success of the implementation process. The substantial costs and the long duration of the implementation effort required careful planning and execution on the part of day care staff and trust on the part of state legislators and executives. The establishment of the CDPE was clearly not a quick panacea but a comprehensive and thoughtful solution to particular concerns that Pennsylvania faced in its monitoring effort. A lower level of state commitment would have endangered the entire concept of an IPM system.

Pennsylvania's experience with the CDPE suggests many of the issues that other states will need to address in implementing an IPM. These issues are presented briefly in the next section.

IV. HOW CAN I EVALUATE MY STATE'S NEED FOR AN IPM SYSTEM?

An instrument-based program monitoring system is a useful tool for policymakers, but not all states need such a system. An interested state may follow five steps to assess whether an IPM system is appropriate and to initiate the development process if the state decides to proceed. These steps are outlined below.

1. Evaluate the State's Social Services Environment

Pennsylvania's motivation for establishing its IPM was a response to changes in the social services environment, such as increased federal and state funding of day care, the revision of the Federal Interagency Day Care Requirements, expansion in the number of day care facilities, and the establishment of a formal organization of day care providers. The need for regulatory accountability, the large amounts of public funds committed to day care, and a potentially larger and more politically active group of providers were major concerns to Pennsylvania that may be shared by other states.

A state's view of its role in day care monitoring is of fundamental importance in decisions about whether to implement IPM systems. States that provide little funding for day care have relatively less need for state monitoring in any form. The IPM approach typically assumes that the state will take an active role in program monitoring, including visits to providers in order to assess the quality of programs.

A third set of circumstances that IPM can address is the increasing costs for states that intend to take an active role in monitoring. As discussed above, making monitoring more consistent and efficient may help to reduce both direct costs (e.g., cost of monitors' time) and other costs (e.g., costs of litigation that may arise as a result of inconsistent monitoring of providers.)

To decide whether it needs an IPM system, a state will have to examine both its current situation and future directions in its approach to monitoring.

2. Review Materials on IPM and the Experience of Other States

The concept of IPM is new, and the best descriptive materials available are a series of articles that explain how Pennsylvania's system works and the underlying framework of child development research on which it is based. Similarly, Pennsylvania's experience provides the best example of what the IPM approach can accomplish. Interested states may wish to arrange for consultation with the Pennsylvania staff who have implemented the concept successfully.

3. Evaluate Costs and Potential Benefits of the IPM Approach

The costs and benefits that Pennsylvania has realized from its implementation of an IPM have been described above. Each state will need to base cost and benefit estimates on the particular design of its own planned system and on its budget for developing new systems. In particular, costs may be reduced if a state has easily adaptable regulations, positive relationships with provider organizations, and well developed computerized information systems.

4. Make a State Commitment to Implement the IPM System

The level of state commitment must be sufficient to support the implementation process through potentially difficult periods. Typically, the commitment must be made by top officials in the state's department that is concerned with day care monitoring (e.g., Department of Public Welfare, Department of Human Services, Department of Education), and supported by legislative bodies that are responsible for budget approval. Often, coordination is required among several subdepartment organizations, such as program development, management information systems, and operations units.

5. Assess Regulations and Legal Requirements

A successful IPM system must be supported by explicit regulations that can be easily translated into questions on the monitoring instrument. Some work to improve the presentation and specificity of regulations may be required for designing the questionnaire and implementing the system.

Similarly, a state must address basic legal and policy issues such as:

- Will the system cover all providers or only those who are publicly funded?
- How will a new system be 'grandfathered' or phased in? and
- Will system scores be used to deny public funding to low-scoring providers or serve only as a basis for technical assistance

and comparisons among providers that compete for public funding

Such legal considerations must be resolved by the top policymakers in the state's government before implementation begins.

6. Formulate an Implementation Plan

The successful implementation of an IPM system is largely dependent on having a clear, well organized implementation plan that includes the following:

- clear *objectives* that specify what is to be accomplished, why the state is developing an IPM, and what issues are likely to arise that will influence the development effort;
- clear *assignments* of specific responsibilities to the individual staff members who will perform the implementation;
- a *schedule* for implementation that shows all of the tasks to be accomplished, their sequence for completion, critical completion dates, and the timing of progress reports; and
- *budgets* that cover the allocation of staff time and other resources to particular implementation tasks.

When the plan is complete, it should be reviewed and approved by all state officials who have control over the work to be done and the resources needed to accomplish the tasks. The plan should be reviewed periodically in the course of implementation, and necessary revisions should be made and agreed upon by all managers and staff involved. By formulating and adhering to the plan, a state has a greater chance of anticipating potential problems and ensuring a higher degree of satisfaction with the IPM system that is produced.

References

Children's Services Monitoring Transfer Consortium, A Conceptual Framework for Monitoring Children's Services, Discussion Draft, June 1981.

Bronfenbrenner, Urie. *The Ecology of Human Development.* Cambridge: Harvard University Press, 1979 .

Class, Norris, E., Rolland C. Gerhart, Jr., et al."A Conceptual Statement on the Enforcement of Child Day Care Licensing Standards: With Special Reference to Revocation." Unpublished paper, December 1976.

Class, Norris E. "Licensing for Child Care: A Preventive Welfare Service." *Children*, September-October 1968.

*Douglas, Earl; Fiene, Richard; and Aronson, Susan."The Child Development Program Evaluation: Its Past, Present and Future." Paper presented at the American Public Welfare Association National Conference, Washington, D.C., December 1977.

*Fiene, Richard. " Conceptual Crosswalk Between Ecological Theory (Child Care Ecology) and State Information Systems." Harrisburg, Pa.: Pennsylvania Department of Public Welfare, Office of Children, Youth and Families, Harrisburg, Pa:, October 1980.

*Fiene, Richard, and Douglas, Earl. "Making the Almost Impossible - Possible: Evaluation of Human Services." Paper presented at the National Association for the Education of Young Children Annual Convention, Atlanta, Georgia, November 1979.

*Fiene, Richard; Douglas, Earl; and Finkle, Norman. "Child Development Program Evaluation Revisited." Paper presented at Pennsylvania Association of Child Care Administrators Annual Conference, October 1978.

Prescott, E.; Jones, E.; and Kritchevsky, S. *Day Care, Volume II: Day Care as a Child Rearing Environment.* Washington, D.C.: National Association for the Education of Young Children, 1972.

Wedel, Kenneth R.; Frager, Craig; and Gibbons, Jacque. "Quality Control in Human Services Monitoring." Paper presented at the National Conference on Social Welfare Annual Forum, May 1979.

*Publications available from Dr. Richard Fiene, Pennsylvania Office of Children, Youth, and Families, 1514 North Second Street, Harrisburg, PA 17120.

Further Information:

Copies of Consortium publications, the videotape presentation, and additional information on instrument-based program monitoring are available from:

Dr. Richard Fiene
Consortium Project Director
Pennsylvania Office of
Children, Youth and Families
1514 North Second Street
Harrisburg, Pennslyvania 17120
(717) 787-2724

Ms. Gail G. Hunt
Project Manager
Peat, Marwick, Mitchell & Co.
1990 K Street, N.W.
Washington, D.C. 20006
(202) 223-9525

Ms. Madeline Dowling
Project Officer
OPD, Room 723E
Hubert Humphrey Building
200 Independence Ave., S.W.
Washington, D.C. 20201
(202) 245-6233